Name in Full | Certificate of Death

Joseph America - illegitimate

Died at Town: near Laurel | County: Howard | MARYLAND

Date 1899 | Month: 4 | Day: 12 | Age: Y. 11 M. D. | Native of: Md | Occupation:

~~Male~~ Female | ~~White~~ Colored | ~~Married~~ Single | ~~Widow~~ Widower | ~~Divorced~~ Number of children living

Husband / Wife of

Father's Name: George Boston | Mother's Name: Estelle America

Cause of Death: Primary: Injury by falling | How long sick: 2 mos

Immediate: Meningitis 152a | Accident, ~~Suicide, Homicide~~

Reported by: J. W. Lindemann M.D. for family

Address: Savage Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full: Mary Alice Bell — Certificate of Death

Died at: Town: Highland — County: Howard — MARYLAND

Date 1899: Month: April — Day: 11 | Age: Y. 37 — M. — D. 9 | Native of: Maryland | Occupation: Servant

~~Male~~ / Female | ~~White~~ / Colored | Married / ~~Single~~ | ~~Widow~~ / Widower | ~~Divorced~~

Husband / Wife of: Thomas Bell

Number of children living: 4

Father's Name: Thomas Douglas

Mother's Name: Annie Mitchell

Cause of Death — Primary: Tumor of Brain 5-2

Immediate: Paralysis gradualy increasing

How long sick: 15 months

~~Accident, Suicide, Homicide~~

Reported by: S. A. Nichols M.D.

Address: Dayton Howard Co Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 66166

Name in Full — Certificate of Death

Emily Bennett

Died at West-Friendship (Town) — Howard (County) — MARYLAND

Date 1899 — Month: April — Day: 1 — Age: Y. 56 M. — D. — — Native of: U S — Occupation: Cook.

~~Male~~ / Female — ~~White~~ / Colored — ~~Married~~ / ~~Single~~ — Widow / ~~Widower~~ — ~~Divorced~~ — Number of children living: 3

Husband / Wife of: — /

Father's Name: — / Mother's Name: — /

OVER

Cause of Death — Primary: 25 — Immediate: Cancerous affection of Stomach — How long sick:

Accident, Suicide, Homicide

Reported by: her Son

Address: West-Friendship Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Attended by Dr. J W Hebb

of West Friendship

Howard Co Md.

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of

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Sow

of Wecsd-

JAS. R. WEER,
Undertaker
& Embalmer,
SYKESVILLE, MD.

Name in Full

Certificate of Death

Ida Carter

Died at Town: Elk Ridge County: Howard MARYLAND

Date 1899 Month: April Day: 10. | Age Y. 26 M. — D. | Native of Maryland | Occupation Housewife

~~Male~~ Female ~~White~~ Colored Married ~~Single~~ ~~Widow~~ Widower ~~Divorced~~ Number of children living 3

Husband / Wife of Henry Carter

Father's Name John Brown Mother's Name —

Cause of Death: Primary: Typhoid fever (?) | How long sick: about a year

Immediate: Mitral Insufficiency

~~Accident, Suicide, Homicide~~

Reported by Wm R. Earnshaw

Address Elk Ridge.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65068

Name in Full

Certificate of Death

Margarite J. De Roo

Died at Town: Marriottsville County: Howard MARYLAND

Date 1899 Month: 4 Day: 24

Age Y. 1 M. D. 20

Native of Cincinatti Ohio

Occupation ———

~~Male~~ White ~~Married~~ ~~Widow~~ Divorced

Female ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

~~Husband~~ ~~of~~ ~~Wife~~

Father's Name Bernard C. De Roo

Mother's Name Elizebeth De Roo

Cause of Death — Primary: Tuberculosis 22a — How long sick: about 6 months

Immediate: Diarrhoea, Inanition & Exaustion — ~~Accident, Suicide, Homicide~~

Reported by Benj. F. Shipley M D

Address Alpha Howard Co Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

April 24th 1899

The Father of this child died of Pulmonary Consumption about 5 months ago
" The Mother Died of same disease on 13th inst
" The child exhibitted every tendency of a Tubercular diathethis

B. F. S.

JAS. R. WEER,
Undertaker
& Embalmer,
SYKESVILLE, MD.

Name in Full

Certificate of Death

Elizebetth, De Jong, De Roo

Died at Town: Merriellsville County: Howard MARYLAND

Date 189 Month: 4 Day: 12 | Age Y.: 27 M.: 3 D.: 11 | Native of: Holland | Occupation: Housewife

~~Male~~ / Female — White / ~~Colored~~ — ~~Married~~ / ~~Single~~ / Widow / ~~Widower~~ / ~~Divorced~~

Number of children living: 2

~~Husband~~ / Wife of Dr Bernard. L. De, Roo

Father's Name: Peter De Jong. Mother's Name: Margaret De Jong

Cause of Death — Primary: Pulmonary Phthisis 220 — How long sick: 6 months

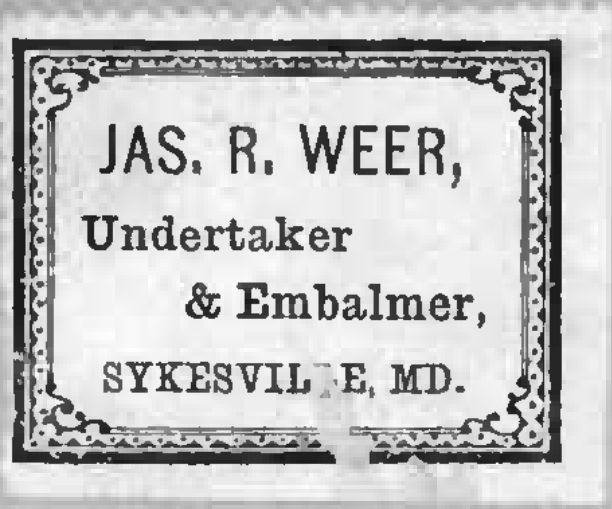
Immediate: Septic fever + asthenia — ~~Accident, Suicide, Homicide~~

Reported by: Benj F. Bluefly M. D.

Address: Alpha Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968


JAS. R. WEER,
Undertaker
& Embalmer,
SYKESVILLE, MD.

Name In Full: Sarah Ann Dorsey

Certificate of Death

Died at — Town: — County: Howard MARYLAND

Date 1899 Month: Apr. Day: 27 | Age Y. 20 M. — D. — | Native of: Md | Occupation: Housekeeper

~~Male~~ ~~White~~ Married ~~Widow~~ ~~Divorced~~

Female Colored ~~Single~~ ~~Widower~~ Number of children living: Two

~~Husband~~ of Wife: Earnest L. V. Dorsey 22a

Father's Name: — Davis | Mother's Name: Sarah Ann Davis

Cause of Death — Primary: Pulmonary Consumption | How long sick: 1 year or over

Immediate: Effect of same | ~~Accident, Suicide, Homicide~~ Complained

Reported by: C. H. Heffinger M.D.

Address: Sykesville Howard Co. Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 72888

Name In Full | Certificate of Death

Thomas Ephram Duvall

Died at Town: Marbooksville County: Howard MARYLAND

Date 1899 Month: April Day: 3 | Age Y. 50 M. D. | Native of: Md | Occupation: Farmer

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ | Number of children living 00

Husband ~~Wife~~ of Jennie Duvall

Father's Name | Mother's Name

Cause of Death: Primary Alcoholism 34 | How long sick 24 hours

Immediate Hemorrhage | ~~Accident~~, ~~Suicide~~, ~~Homicide~~

Reported by R. O. D. Warfield, M.D.

Address Lisbon, Howard County, Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79998

Name In Full | Certificate of Death

William Warner Duvall

Died at Town: Mar Daisy | County: Howard | MARYLAND

Date 1899 Month: April Day: 25 | Age Y. M. D.: 6 - 2 - | Native of: Md | Occupation: —

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ ~~Number of~~ children living 2

Husband of Wife

Father's Name: William Thos Duvall | Mother's Name: Martha B. Duvall

Cause of Death: Primary Diphtheria 8a | How long sick 5 days

Immediate | ~~Accident, Suicide, Homicide~~

Reported by R. O. D. Warfield, M.D.

Address Lisbon Howard Cnty. Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full Thomas Edwards. Certificate of Death

Diad at Town Ellicott City County Howard Co. MARYLAND

Date 1899 Month April Day 15 Age Y. 82 M. yrs D. Native of Maryland Occupation Carpenter

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ Number of children living 3

Husband ~~Wife~~ of Martha Wilson

Father's Name John W. Edwards Mother's Name Elizabeth Smith

Cause of Death Primary 155a How long sick 1 year

Immediate Dropsy & old age ~~Accident~~, Suicide, ~~Homicide~~

Reported by Thos. B. Conings M.D.

Address Ellicott City

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65968

Name in Full

Certificate of Death

Lilly Hood

Died at Town Elk Ridge County Howard MARYLAND

Date 1899 Month April Day 9- | Age Y. 17 M. — D. — | Native of Md. | Occupation —

~~Male~~ / Female White / ~~Colored~~ | ~~Married~~ / Single | ~~Widow~~ / ~~Widower~~ | ~~Divorced~~ / ~~Number of children living~~

Husband / Wife of X

Father's Name Thos. H. Hood

Mother's Name 22a

Cause of Death: Primary Acute pulmonary tuberculosis — How long sick about 8 mo.

Immediate Exhaustion

~~Accident, Suicide, Homicide~~

Reported by M. R. Emerson

Address Elk Ridge, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65988

Name in Full

Certificate of Death

Frank Decalo Johnson

Died at Town: Savage County: Howard MARYLAND

Date 189 9 Month: 4 Day: 10 Age Y.: 7 M.: 1 D.: 19 Native of: Md Occupation: ———

Male ~~Female~~ ~~White~~ Colored ~~Married~~ Single ~~Widow~~ Widower ~~Divorced~~ Number of children living

Husband / Wife of

Father's Name: Frank Johnson

Mother's Name: Mary Johnson

Cause of Death — Primary: Indigestion — How long sick: 2 mos

Immediate: Eclampsia 49

~~Accident, Suicide, Homicide~~

Reported by: F. W. Linthicum M. D

Address: Savage Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65988

Name in Full | Certificate of Death

Everett G. Litt

Died at Dayton (Town) Howard Co (County) MARYLAND

Date 1899 April (Month) 27 (Day) | Age 72 (Y. M. D.) | Native of Md | Occupation Mason

Male | White | Married | Widow | Divorced

~~Female~~ | ~~Colored~~ | ~~Single~~ | Widower | Number of children living one

~~Husband~~ of Wife Ellen Litt

Father's Name | Mother's Name Nancy Litt

57

Cause of Death: Primary Mitral regurgitant Heart Murmur | How long sick 15 months

Immediate Bright disease dyspnea sudden | Accident, Suicide, Homicide

Reported by L. A. Nichols M.D.

Address Dayton Howard Co. Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 55868

Name in Full

Certificate of Death

Thurman Valdosta Lilly

Died at Town Savage County Howd MARYLAND

Date 1899 Month 4 Day 23 Age Y. M. 2 D. Native of Md Occupation —

Male ~~Female~~ White ~~Colored~~ ~~Married~~ Single ~~Widow~~ ~~Widower~~ Divorced ~~Number of children living~~

Husband of Wife

Father's Name Edward Lilly Mother's Name H

Cause of Death Primary Catarrhal Pneumonia How long sick 2 weeks

Immediate exhaustion Accident, Suicide, Homicide

Reported by [illegible] M.D

Address Savage Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full ~~Earl Rol~~ John Martin

Certificate of Death

Died at Town Ellicott City County Howard MARYLAND

Date 189 9 Month April Day 6 Age Y. 72 M. D. Native of Occupation Laborer

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ Divorced

Number of children living 4

Husband of Wife Anistasis Martin

22a

Father's Name — Mother's Name —

Cause of Death: Primary Tuberculosis + Heart-trouble — How long sick

Immediate — Accident, Suicide, Homicide

Reported by B. J. Byrne

Address Ellicott City Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65966

Name in Full

*6206 John Martin

Certificate of Death

Died at Town: Ellicott City County: Howard MARYLAND

Date 1899 Month: April Day: 6 Age Y. 72 M. D. Native of Ireland Occupation Laborer,

Male White Married ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 4

Husband / Wife of Annastasia Martin

Father's Name —— Mother's Name ——

Cause of Death: Primary Consumption How long sick 1 year —

Immediate Pneumonia 22a Accident, Suicide, Homicide

Reported by D. J. Byrne M. D.

Address Ellicott City Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name In Full

Certificate of Death

Jacob Parlett

Died at Town

County Howard MARYLAND

Date 189 9 Month 4 Day

Age Y. 70 M. D.

Native of

Occupation

Male ~~Female~~

White Colored

Married Single

Widow Widower

Divorced

Number of children living

Husband of

Wife

Father's Name

Mother's Name

Cause of Death: Primary — apoplexy 42

How long sick

Immediate

Accident, Suicide, Homicide

Reported by Union 4-15

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79908

Name in Full

Certificate of Death

Ann Lucretia Phelps

Died at Town: Savage County: Howard MARYLAND

Date 189 9 Month: 4 Day: 25 Age Y. 89 M. D. Native of Md Occupation —

~~Male~~ Female White ~~Colored~~ Married ~~Single~~ Widow ~~Widower~~ Divorced

Number of children living 4

Husband / Wife of Wm Phelps

Father's Name Charles Merchant Mother's Name Acksa Merchant

Cause of Death: Primary Tuberculosis 226 How long sick 2 days

Immediate Pneumonia

Accident, Suicide, Homicide

Reported by A. Linthicum M.D

Address Savage

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 85988

Name In Full

Certificate of Death

Edgar Thomas

Town County

Died at Alberton Howard Co MARYLAND

Month Day Y. M. D. Native of Occupation

Date 1899 April 27 Age 6 months Md

Male ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ Colored ~~Single~~ ~~Widower~~ Number of children living none

Husband of Wife

Father's Name George Thomas

Mother's Name Florance Thomas

OVER

Cause of Death

Primery Pneumonia

Immediate 72

How long sick 24 hours

Accident, Suicide, Homicide

Reported by Stephen Hillsinger

OVER

Address undertaker Ellicott city

Must be signed by physician, if any in attendance, otherwise by coroner, underteker or minister.

LIBRARY BUREAU, 79838

Attended by Dr. No Doctor

of

Seen by Coroner

of

Information contained in this certific

ceived from George Thomas

of Alberton

Md.

Name in Full

Certificate of Death

William D. Warfield

Died at Town Clarksville County Howard MARYLAND

Date 1899 Month Apr. Day 10 Age Y. 73 M. D. Native of Md. Occupation Farmer

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ Number of children living 3

Husband ~~Wife~~ of Martha E Lyddane

Father's Name Henry Warfield Mother's Name Julia Warfield

Cause of Death Primary Consumption How long sick 1 Year

Immediate Accident, Suicide, Homicide

220 OVER

Reported by Stephen Hillsinger

Address Undertaker Ellicott City

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 79893

Attended by Dr. Jno Cissel

of Highland

Howard Co.

Seen by Coroner

of

Information contained in this certificate received from Nicholas Garfield

of Simpsonville

Name in Full: Laura Williams

Certificate of Death

Died at: Town: Ellicott City County: Howard MARYLAND

Date 1896 Month: April Day: 22 | Age Y.: 19 M.: — D.: — | Native of: Maryland | Occupation: House Keeper

~~Male~~ ~~White~~ Married ~~Widow~~ ~~Divorced~~

Female Colored ~~Single~~ ~~Widower~~ Number of children living

Husband / Wife of: Alexander Williams

Father's Name: Bell

Mother's Name: Addie Bell

Cause of Death: Primary: Tuberculosis — How long sick: 6 mos

Immediate: Exhaustion — Accident, Suicide, Homicide

27

Reported by: Samuel J. Fort M.D.

Address: Ellicott City Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968